

*Virginia Department of Education
Division of Teacher Education and Licensure
P. O. Box 2120
Richmond, Virginia 23218-2120*

**APPLICATION FOR “CAREER SWITCHER” ALTERNATIVE ROUTE
TO LICENSURE PROGRAM FOR CAREER PROFESSIONS**

APPLICATION INFORMATION AND PROCEDURES

Submission of a complete application packet is required.

STEP 1: Prerequisites for Program: Review the following prerequisites required for participation in a Career Switcher Program. The following requirements must be completed prior to applying for a Career Switcher Program.

- ☐ An application process;
- ☐ A baccalaureate degree from a regionally accredited college or university;
- ☐ The completion of requirements for an endorsement in a teaching area or the equivalent through verifiable experience or academic study; [Refer to the Licensure Regulations for School Personnel on the following Web address:
<http://law.lis.virginia.gov/admincode/title8/agency20/chapter22/>
- ☐ At least five years of full-time work experience or its equivalent; and
- ☐ **Virginia** qualifying scores on the professional teacher’s assessments as prescribed by the Board of Education.
 - (1) Virginia Communication and Literacy Assessment (VCLA);
 - (2) Praxis II (subject area test); and (3) Reading for Virginia Educators (RVE) (if applicable).

STEP 2: Application Form (page 1 of 2): Complete all areas as indicated. This application is for the Career Switcher Program. Upon completion of Level I of the program the application for the Provisional (Career Switcher) License must be submitted separately. Please indicate on the application form the Career Switcher Program provider for which you are applying and the endorsement area that you plan to teach. Special education teacher preparation is not available in this program.

NOTICE: In accordance with § 63.2-1937 of the *Code of Virginia*, the Virginia Department of Education requires applicants for teacher licensure in Virginia to provide their social security numbers. Additionally, Virginia uses applicants’ social security numbers to check the clearinghouse maintained by the National Association of State Directors of Teacher Education and Certification (NASDTEC) for license revocation, cancellation, suspension, denial, and reinstatement in other states. Virginia also reports information to the clearinghouse as needed. The Virginia Department of Education will not release your social security number except to the NASDTEC clearinghouse to report cases of license revocation, cancellation, suspension, denial, and reinstatement as noted above. **Please note that if you do not provide your social security number, your application will not be processed and no Virginia teaching license will be issued.**

NOTICE: The name and address of a person applying for or possessing a license may be disseminated pursuant a request under Section 2.2-3802(5) of the *Code of Virginia*.

STEP 3: Report on Experience: Please have the Report on Experience form completed by the appropriate official(s) at the place(s) of employment where you completed at least five years of work experience, or its equivalent.

STEP 4: Professional Teacher’s Assessment Scores: If you have taken the Virginia Communication and Literacy Assessment (VCLA); Praxis II (subject area test); and the Reading for Virginia Educators (RVE) (if applicable), please submit a copy of your scores. If not, you will need to meet Virginia’s qualifying scores for the assessments prior to submission of your application. [Please refer to the following Web site for information on the licensure assessment requirements:
http://www.doe.virginia.gov/teaching/licensure/prof_teacher_assessment.pdf]

STEP 5: Official Student Transcripts: Contact the registrar’s office of all colleges/universities where you have earned degrees and taken applicable course work. ***Request official student transcripts to be sent to you to be enclosed with your application.*** Official student transcripts (bearing the registrar’s signature and embossed seal) that have been issued to students are acceptable. Placement records sent from colleges and photocopies of transcripts will not be accepted or returned.

STEP 6: Send your Application Directly to the Certified Program Provider: Send your application packet for the Career Switcher Program directly to the Certified Program Provider. You may review the list of program providers on the following Web site: http://www.doe.virginia.gov/teaching/educator_preparation/career_switcher/index.shtml. The Certified Program Provider will submit your application for the license to the Virginia Department of Education upon your successful completion of Level I of the program.

Fees for Licensure: Please note that upon your completion of Level I or the Career Switcher Program, your application for a Provisional (Career Switcher) License will be submitted to the Virginia Department of Education by the Certified Program Provider. This application must be accompanied by your application fee for the license. The in-state fee is \$50, and the out-of-state fee is \$75. [Checks must be made payable to the *Treasurer of Virginia*.] The in-state or out-of-state fee will be determined by the address listed on your application. **DO NOT SUBMIT THE APPLICATION FEE UNTIL NOTIFIED BY THE CERTIFIED PROGRAM PROVIDER.** Checks returned for any reason are subject to a \$50 returned check fee and collection action.

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[PLEASE PRINT OR TYPE]

PART I --INFORMATION PLEASE PRINT OR TYPE

<u>Social Security Number</u>		<u>Date of Birth</u> (Month/Day/Year)	
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Suffix</u> (Jr., Sr., III, etc.)
<u>Address</u> (Street, City, State, Zip Code) [Please note that the address provided is public information.]*			
<u>Daytime Telephone Number</u> (include area code) ()	<u>Home Telephone Number</u> (include area code) ()	<u>Gender</u> (for statistical purposes only) _____ Male _____ Female	
<u>Race</u> (optional - for statistical purposes only - check one) _____ 1. American Indian/Alaskan Native _____ 2. Asian _____ 3. Black (not of Hispanic Origin) _____ 4. Hispanic _____ 5. White (Not of Hispanic Origin) _____ 6. Native Hawaiian/Pacific Islander _____ 7. Non-Hispanic, two or more races			

***THE APPLICANT MUST NOTIFY THE OFFICE OF LICENSURE, DEPARTMENT OF EDUCATION, IN WRITING OF AN ADDRESS CHANGE. Name and address (of persons applying for a license) may be disseminated pursuant to a request under § 2.2-3802(5) of the Code of Virginia.**

PART II

Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony? (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)	___Yes	___No
Have you ever been convicted of, or entered a plea of guilty or no contest to, a criminal offense in another country? (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)	___Yes	___No
Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving a child (minor)? (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)	___Yes	___No
Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs (not alcohol)? (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)	___Yes	___No
Have you ever had a teaching, administrator, pupil personnel services, or other education-related certificate or license revoked, suspended, invalidated, cancelled, or denied by another state, territory, or country; surrendered such a license; or had any other adverse action taken against such a license? (If yes, please attach a statement giving full details and official documentation of the action taken.)	___Yes	___No
Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency? (If yes, please attach a statement giving full details and official documentation of the founded complaint.)	___Yes	___No
Have you ever left any education- or school-related employment, voluntarily or involuntarily, while the subject of an investigation, inquiry, or review of alleged misconduct or when you had reason to believe an investigation of alleged misconduct was under way or imminent? (If yes, please attach a statement giving full details and any official documentation available regarding the investigation, inquiry, or review.)	___Yes	___No
To your knowledge, are you currently the subject of any investigation, inquiry, or review of alleged misconduct that could warrant discipline or termination by a school division or other education-related employer or an adverse action against a teaching, administrator, pupil personnel services, or other education-related license or certificate? (If yes, please attach a statement giving full details and any official documentation available regarding the investigation, inquiry, or review.)	___Yes	___No

BY MY SIGNATURE, I CERTIFY THAT THE INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE. I UNDERSTAND THAT MISREPRESENTATION MAY RESULT IN THE DENIAL, REVOCATION, CANCELLATION, OR SUSPENSION OF THE VIRGINIA LICENSE.

Applicant's Signature _____ Date _____

The application is continued on the following page. Pages 1 and 2 must include the applicant's signature on each page. A complete application must be submitted. Incomplete applications may not be retained longer than one year.

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PART III

Please specify the name and location of the Certified Career Switcher Program Provider requested: _____
 Please specify teaching area(s) requested (Special Education is not applicable): _____
 Have you ever held any type of teaching license issued by the Virginia Board of Education? ____ Yes ____ No
 If Yes, please attach a copy of the license or give license type and endorsement information: _____
 Have you ever been issued a teaching license in another state? ____ Yes ____ No
 Please attach your passing scores for the Virginia Communication and Literacy Assessment (VCLA); Praxis II; and the Virginia Reading for Virginia Educators (RVE) (if applicable).

PART IV--EDUCATION (Include colleges and universities where coursework was completed and degrees earned.)

Name of Institution	Location	Dates Attended	Degree (if earned)	Major/Major Subjects

PART V--WORK AND MILITARY EXPERIENCE (List chronologically, beginning with the most recent and attach an additional sheet if necessary)

Employer	Address City/State	Dates of Employment (Month/Year to Month/Year)	Reason for Leaving

PART VI--TEACHING EXPERIENCE

Name/Type of School	Location	Dates of Employment	Grades(s)/Subject(s) Taught

PART VII--COMPLETE IF YOU HAVE ACCEPTED A POSITION IN VIRGINIA REQUIRING A LICENSE

Name of Employer :	Beginning Date of Employment:	Assignment:
Address:		

BY MY SIGNATURE, I CERTIFY THAT I UNDERSTAND I MUST CONTACT THE ADMINISTRATOR OF THE CAREER SWITCHER PROGRAM WHERE I COMPLETED LEVEL I WHEN I SECURE EMPLOYMENT IN A VIRGINIA PUBLIC SCHOOL OR ACCREDITED NONPUBLIC SCHOOL IN VIRGINIA.

BY MY SIGNATURE, I CERTIFY THAT I UNDERSTAND THE CAREER SWITCHER PROGRAM REQUIRES THE COMPLETION OF LEVEL I AND LEVEL II (INCLUDING PARTICIPATION IN REQUIRED SEMINARS).

BY MY SIGNATURE, I CERTIFY THAT THE INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE. I UNDERSTAND THAT MISREPRESENTATION MAY RESULT IN THE DENIAL, REVOCATION, CANCELLATION, OR SUSPENSION OF THE VIRGINIA LICENSE.

Applicant's Signature _____ Date _____

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Report on Experience

DIRECTIONS: A total of five years of full-time successful work experience, or its equivalent, is required as a prerequisite to the Career Switcher Program. This form must be completed to verify this experience.

Last Name	First Name	Middle Name
Social Security Number _____ - _____ - _____		
Address of Applicant (Street, City, State, Zip Code) 		

NAME OF EMPLOYER	POSITION HELD	LENGTH OF SERVICE (MONTH/YEAR TO MONTH/YEAR)

BRIEF DESCRIPTION OF MAJOR DUTIES AND RESPONSIBILITIES

Total number of years of full-time experience with this employer: _____

Total years of part-time work experience with this employer: _____

By my signature, I verify that the above-named person was successfully employed for the period(s) listed above.

DATE: _____

SIGNATURE: _____

NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____